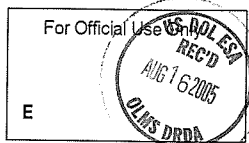


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8464</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Rodger</b> <b>Kaminska</b> P.O. Box, Bldg., Room No., if any <b>Suite 280</b> Street <b>6601 Winchester Ave</b> City <b>Kansas City</b> State <b>Missouri</b> ZIP Code + 4 <b>64133</b>	4. Name, file number, and address of labor organization. Name <b>Operating Engineers Local 101</b> Labor Organization File Number <b>022-411</b> P.O. Box, Building and Room Number, if any <b>Suite 280</b> Street <b>6601 Winchester Ave</b> City <b>Kansas City</b> State <b>Missouri</b> ZIP Code + 4 <b>64133</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8-10-05</u> Date	<u>816-737-8600</u> Telephone Number

Name of Person Filing Rodger Kaminska

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sierra Investment Partners, Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 101 Ygnacio Valley Road

City Walnut Creek

State California ZIP Code + 4 94596-4061

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 101 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 250

Street 6601 Winchester Ave

City Kansas City

State Missouri ZIP Code + 4 64133

11.a. Nature of such dealing.

The business is an investment manager for the Trust

11.b. Approximate dollar value of such dealing.

\$556,417

12.a. Nature of interest held or income received.

Gift of a wine opener &amp; etched wine bottle, golf balls and a divot repair tool.

12.b. Amount.

\$113

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Hoisington Investment Management Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 1250 S Capital of TX Hwy, Bldg 3

City Austin

State Texas ZIP Code + 4 78746

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 101 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 250

Street 6601 Winchester Ave

City Kansas City

State Missouri ZIP Code + 4 64133

## 11.a. Nature of such dealing.

The business is an investment manager for the Trust

## 11.b. Approximate dollar value of such dealing.

\$125,201

## 12.a. Nature of interest held or income received.

Gift of binoculars.

## 12.b. Amount.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 101 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 250

Street 6601 Winchester Ave

City Kansas City

State Missouri ZIP Code + 4 64133

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

As a Plan Trustee, attended an educational seminar on real estate investments in San Jose, CA.

## 11.b. Approximate dollar value of such dealing.

\$18,422,886

## 12.a. Nature of interest held or income received.

Reimbursed airfare

## 12.b. Amount.

\$388

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

Name of Person Filing Rodger Kaminska	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Killian Asset Management Corporation  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any Suite 600  
Street 1250 W Northwest Highway  
City Palatine  
State Illinois ZIP Code + 4 60067-1894

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE General Pension Plan  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 1125-17th Street NW  
City Washington  
State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

As a Plan Trustee, attended a investment managers reception and dinner January 2004.

11.b. Approximate dollar value of such dealing.

\$347,018

12.a. Nature of interest held or income received.

Reception and dinner, estimated value \$80-100

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Rodger Kaminska	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE General Pension Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125-17th Street NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>As a Plan Trustee, attended board meetings</p> <p>11.b. Approximate dollar value of such dealing. \$10,700,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed airfare, hotel and related expenses for January 14 &amp; 15 of 2004 and again on August 17, 2004.</p> <p>12.b. Amount. \$2,481</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>